Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 16-30, 2004.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR		2. DAT	E SUBMITTED		Applicant Identifier
FEDERAL ASSISTANCE			Contombor 20	2004	
			September 29		
TYPE OF SUBMISSION: Application	Pre-application	3. DAT	E RECEIVED BY ST.	ATE	State Application Identifier
☐ Construction	■ Construction	4 DAT	E RECEIVED BY FE	DEBAL ACENCY	Endouble Wes
□ Non-Construction	☐ Non-Construction	1 4. DAI	E RECEIVED DI FE	DERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit		
Fontana Redevelo					ss Development Department
Address (give city, county, State, 8492 Wheeler Ave			Name and telephor this application (giv	ne number of person to	be contacted on matters involving
Fontana, County of			triis application (g/v		ctor (909) 350 - 6739
California 92335				_	. ,
6. EMPLOYEER IDENTIFICATI	ON NUMBER (EIN):		7. TYPE OF AP	PLICANT: (enter app	· · · · · · · · · · · · · · · · · · ·
3 3 - 0 4 0	0 8 4 1		A. State B. County	 State Contr 	nt School District Olled Institution of Higher Learning
8. TYPE OF APPLICATION:			C. Municipal D. Township	J. Private Univ K. Indian Tribe	
■ New □ Contin	nuation Revision		E. Interstate	L. Individual	
If Davisian automorphists latt	() to 1 ()	7 []	F. Intermunicip G. Special Dist	al M. Profit Orga rict N. Other (Spec	
If Revision, enter appropriate lett	er(s) in box(es)] []			
A. Increase Award B. Decrea	an Assembly O. Commission		9. NAME OF FEDI	ERAL AGENCY:	
D. Decrease Duration Other (s	specify):		Department of 0	Commerce, Economic	Development Administration
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER	11. DESCRIPTIVE	TITLE OF APPLICAN	IT'S PROJECT:
	1 1 - 3	0 0			
TITLE: Grants for Public Work	s and Economic Develor	ment Facilities	Sierra Busines	s Park Project - Con	struction of Santa Ana Avenue
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, S	tates, etc.):			
City of Fontana					/\≺ECEIVED
13. PROPOSED PROJECT 1	4. CONGRESSIONAL I	DISTRICTS OF:			SEP 3 0 2004
Start Data Ending Data	A - 15 - 4			**************************************	
Start Date Ending Date a Aug. 2004 Dec. 2008	a. Applicant 42 nd District		b. Project 42 nd D	istrict	STATE CLEARING HOUSE
15. ESTIMATED FUNDING:			16. IS APPLICAT	TION SUBJECT TO RI	EVIEW BY STATE EXECUTIVE
a. Federal \$	or Entire Project) 1,552,26	20.00	ORDER 1237	'2 PROCESS?	
EDA grant request amount	1,332,20	00.00	(a.) YES. THI	S PREAPPLICATION/	APPLICATION WAS MADE
b. Applicant \$	10,500,00	00. 00		AILABLE TO THE STA OCESS FOR REVIEW	TE EXECUTIVE ORDER 12372 ON:
c. State \$.00	DA'	TE: <u>September 29</u>	, 2004_
d. Local \$.00	b. NO □ F	PROGRAM IS NOT CO	OVERD BY E.O. 12372
e. Other \$	1,922,94	45 .00			OT BEEN SELECTED BY STATE
Lennar Partners f. Program Income \$	<u></u>	.00		OR REVIEW	OI BEEN SELECTED BY STATE
		.00	į.		ON ANY FEDERAL DEBT?
g. TOTAL \$	13,975,20		☐ Yes. If "Y	′es." attach an expla	nation.
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF,	ALL DATA IN 1	THE APPLICATION/F	PREAPPLICATION AF	E TRUE AND CORRECT THE
DOCUMENT HAS BEEN DULY A THE ATTACHED ASSURANCES	AUTHURIZED BY THE (S IF THE ASSISTANCE I	JUVERNING BO IS AWARDED	ODY OF THE APPLIC	CANT AND THE APPL	ICANT WILL COMPLY WITH
 Type name of Authorized Rep 		b. Title Dir	ector	c. Telephone Numb	er
David R. Edgar		Housing & Bus	iness Development		(909) 350 - 6739
d. Signature of Authorized Repre	esentative			e. Date Signed	
Dul.	2/2				ptember 29, 2004

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APPLICATION FOR FEDERAL ASSISTANCE 2. DATE SUBMI	
1. TYPE OF SUBMISSION: 3. DATE RECEIVE	September 29,2004 VED BY STATE State Application Identifier
Application Pre-application Construction ADATE RECEIVED	VED BY FEDERAL AGENCY Federal Identifier
Non-Construction S. APPLICANT INFORMATION	
Legal Name:	Organizational Unit:
Ms Lorraine Rubin DE G E V	Resources Management Agency
Address: SEP 3 0 2	Planning Division Planning Division Number of person to be contacted on matters
Street:	involving this application (give area code)
800 S. Victoria Avenue	Prelix: Ms. First Name: Lorgaine
City: Ventura STATE CLEARIN	G H Widthe Name
COUNTY:	I'azi izalia
' ventura	Rubin Suffix
State: California Zip Code 93009	SUIIX
Country: USA	Email:
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	
9 5 - 60 0 9 6 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	805-654-2466 805-654-2509 7. TYPE OF APPLICANT: (See back of form for Application Types)
	_
f Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	Other (specify)
Other (specify)	9, NAME OF FEDERAL AGENCY:
Curtor (specify)	US Department of Commerce 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
[]-[4] 7 -3	Environmental Impact Biological
TITLE (Name of Program): NOAA FYO5 I&D Program	Assessments: Spatial Data Capture and Delivery
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	and belively
Ventura County 13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Stant Date: April 1, 05 October 31,2006	a Applicant b. Project
15. ESTIMATED FUNDING:	23rd 23rd & 24th
15. ESTIMATED FUNDING:	
9. Federal \$ 84 820	a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
b. Applicant \$ 19 150	PROCESS FOR REVIEW ON
17,100_	DATE:
c. State	
d. Local \$	b. No. ITT PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	OR PROGRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g TOTAL \$ 103,970	☐ Yes If "Yes" attach an explanation. ☐ No
18 TO THE BEST OF MY KNOW! EDGE AND BELIEF ALL DATA IN TH	IIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
TTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
Authorized Representative Prefix First Name	Middle Name
Mr. Thomas	Suffix
ast Name Berg	
Director, Resources Mgmt. Agenc	c. Telephone Number (give area code) y 805-654-2661
. Signal re grouthorized spesentative	e Date Signed September 29, 2004
Previous Edition Usable	Standard Form 424 (Rev.9-2003)

APPLICATION FOR					1		OMB Approval No. 0348-0043
APPLICATION FOR FEDERAL ASSISTANCE		2. DAT	E SUBMITTED				Applicant Identifier
			September 2	9, 2004			
TYPE OF SUBMISSION: Application	D	3. DAT	E RECEIVED BY S	TATE	1		State Application Identifier
□ Construction	Pre-application						
	■ Construction	4. DATI	E RECEIVED BY F	EDERAL A	36	NCY	Federal Identifier
□ Non-Construction	☐ Non-Construction						, oddrai idd Millor
5. APPLICANT INFORMATION			· ·		╁		
Legal Name: Fontana Redevelopi	mont Agene		Organizational Ur		1		
·	Comments and the comments of t	1°1 - 62 00		Housing	and	Busines	s Development Department
Address (give city, county, State, a	and zip code): E & E	- -₩	Name,and telepho	one number	of	person to	be contacted on matters involving
8492 Wheeler Aven Fontana, County of			this application (g	ive area coc	(e)		
Cold 00075	11111			David K	Ed	gar, Direc	otor (909) 350 6739
6. EMPLOYEER IDENTIFICATIO	N NUMBER (EIN): OLP 2	9 2004	7. TYPE OF A	PPLICANT:	(16	nter appr	opriate letter in box)
3 3 - 0 4 0 0			A. State	1	- 11		
3 3 0 4 0 0	CA STA A STATE STATE OF	MINIO		1.	Sta	te Contro	t School District
8. TYPE OF APPLICATION:	15TATE CLEA	RINGH		J.	PΝ	∳ate Uπiγ	ersity
■ New □ Continu	lation □ Revision		D. Tewnship E. Interstate			ien Tribe dividual	
	<u> </u>		F. Intermunic	pal M.	Pr	ofit Organ	
If Revision, enter appropriate letter	(s) in box(es)		G. Special Dis	strict N.	q	er (Spec	ify)
	L	_	9. NAME OF FEE	ERAL AGE	N	Y:	·
A. Increase Award B. Decrease D. Decrease Duration Other (spe		ı .	Department of	Commerce	,	nanomic F	Development Administration
	•				`]		over a supplied and the
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NUM	BER	11. DESCRIPTIV	E TITLE OF	A	PLICAN	T'S PROJECT:
	1 1 - 3 0	0			ı		
TITLE: Grants for Public Works	and Economic Development F	acilities	Sierra Busine	ss Park Pr	ρjφ	1 - Cons	truction of Santa Ana Avenue
12. AREAS AFFECTED BY PRO	JECT (Cities, Countles, States, e	tc.):					
City of Fontana				:			
·	CONGRESSIONAL DISTRI	CTS OF			4	 	
					İ	}	
Start Date Ending Date a.	Applicant		b. Project		#		· · · · · · · · · · · · · · · · · · ·
Aug 2004 Dec 2008	42" District		42"	District		}	•
15. ESTIMATED FUNDING:	Entire Project)		16. IS APPLICA	TION SUBJ	E	T TO RE	VIEW BY STATE EXECUTIVE
a. Federal \$	1,552.260 ,00		ORDER 123	72 PROCES	22	{	
EDA grant request amount b. Applicant \$	10.50%		a. YES. TH	IS PREAPP		ATION/A	PPLICATION WAS MADE
u. Applicant	10,500.000 ,00		AV PE	AILABLE TO	OII	REVIEW	E EXECUTIVE ORDER 12372
c. State \$.00					ĺ	
d. Local \$.00		DA DA	TE: Sep	ter	iber 29	2004
			b. NO 🗆 I	PROCEANA		NOT CO	/ERD BY E.O. 12372
e. Other \$ Lonnar Partners	1.922,945 ,00		1		- li	1	
f. Program Income \$.00,			FOR REVIE		TAS NO	T BEEN SELECTED BY STATE
			1		- 11	QUENT C	N ANY FEDERAL DEBT?
g. TOTAL \$	13,975,205 .00				l		
18. TO THE BEST OF MY KNOW!	FOGE AND RELIES ALLS	ATA 131 W	☐ Yes. If "Y	res," attaci	ı þ	n explan	ation. Market No.
18. TO THE BEST OF MY KNOW! DOCUMENT HAS BEEN DULY AU THE ATTACHED ASSURANCES!	HOURIZED BY THE GOVER	INING RO	TE APPLICATION/I DY OF THE APPLI	PREAPPLIC CANT AND	4	ION ARE	TRUE AND CORRECT, THE
THE ATTACHED ASSURANCES II a. Type name of Authorized Repres	THE ASSISTANCE IS AWA	AKDED.			╝	<u>.</u>	
Type hame of Admonzed Repres David R Edgar	,		ctor 1ess Development	c. Teleph	oh	Number	
· Marine						!	(909) 350 6739
d. Signature of Authorized Represen	ntative			e. Date 8	igr		· 1 ·
ナーン 人、と	aten.			1	200 100 100	Sept	ember 29, 2004
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Application for		2. DATE SUBI	MITTED:	Apr. dentifier
Federal Assistance	2			
1. TYPE OF SUBMISSION		3. DATE REC	EIVED BY STATE	State Application Bentified 5 2 1 V 5
Application	Preapplication			
Construction	Construction	4. DATE RECI	EIVED BY FEDERAL AGENCY	Federal Identifier SEP 2 7 2004
Non-construction	Non-construction			Land food
5. APPLICANT INFORMATION		<u> </u>		STATE CLEARING HOUSE
	State of California	Organizational	Unit:	Department of Health Services
Legal Name:	State of Camonia	~		ted on matters involving this application (give area code)
			•	
1616 Capitol Mall, 2nd Flo	oor, MS 7405		Darice	e Bailey (916) 449-5664
P.O. Box 997413 Sacramento, CA 95899-74	13		Danes	C Balley (510) 115 3001
6. EMPLOYER IDENTIFICATION N	IUMBER (EIN):	7. TYPE OF A	APPLICANT: (enter appropriate letter he	ere) A
68-	0317191		A. State	H. Independent School District
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of Higher Learning
☐ New ✓ Continuation	on Revision		C. Municipal	J. Private University
If Revision, enter appropriate letter(s)	in box(es)		D. Township	K. Indian Tribe
A. Increase Award	B. Decrease Award		E. Interstate	L. Individual
C. Increase Duration	D. Decrease Duration		F. Intermunicipal	M. Profit Organization
Other Specify:			G. Special District	N. Other (Specify):
		0 NAME OF	FEDERAL AGENCY:	
		9. NAME OF		ironmental Protection Agency
10. CATALOG OF FEDERAL	66.032	11 DESCRIP	TIVE TITLE OF APPLICANT'S PROJEC	
DOMESTIC ASSISTANCE NUM		1		Program for the Assessment and Mitigation of Radon
DOMESTIC ASSISTANCE NOT	ADDIN.	Coropin		
TITLE: State Indoor Radon C	Grant		1	
12. AREAS AFFECTED BY PROJEC	CT (cities, counties, states, etc.)	1		
State of	of Califonia			<u> </u>
13. Proposed Project:		14. CONGRE	ESSIONAL DISTRICT OF:	
Start Date	End Date	a. Applicant:		b. Project
			DHS	Statewide State PVECHTNE OPDER
	1	16.	12372 PROCESS?	VIEW BY STATE EXECUTIVE ORDER
16 Fairneted Fundings		a.		LICATION WAS MADE AVAILABLE TO
15. Esimated Funding: a. Federal	\$ 175,000	1 ".	THE STATE EXECUTIVE ORDER 13	
b. Applicant	\$ 180,447	1	ON:	
c. State	100,717	1	DATE:	
d. Local		ъ.	NO.	
e. Other: 1:1 Match	\$ -	1	PROGRAM IS NOT COVEREI	D BY E.O. 12372
f. Program Income			OR PROGRAM HAS NOT BEI	EN SELECTED BY STATE FOR REVIEW
g. TOTAL	\$ 355,447	17.	IS APPLICANT DELINQUENT ON A	ANY FEDERAL DEBT?
5,707,70	φ 333,		s If "Yes," attach an explanation	✓ No
TO THE BEST	OF MY KNOWLEDGE AND BELIEF, ALL I	DATA IN THIS	APPLICATION/PREAPPLICATION AR	RE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY
AUTHORIZED	BY THE GOVERNING BODY OF THE APP	LICANT AND	THE APPLICANT WILL COMPLY WIT	I'H THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.
T1 C	Authorized Popresentation	L .	Title: Administrator	c. Telephone Number
Marie Service Control Supplemental Services	Authorized Representative.	b.		
	Seph Jackson, M.D., M.P.H.	Sta	te Public Health Officer	(916) 440-7400
d. Signature of Au	thorized Representative		1.0	e. Date Signed
1 / Kill	ace au	MO	\wedge M	9/21/2004
	*/	,	· · · · · · · · · · · · · · · · · · ·	

APPLICATION FO		2. DATE SUBMITTED September 24,	2004		Applicant	Identifier	Version	11 //03
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE	i	State Appl	ication Identif	er	
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED B	Y FEDERA	L AGENCY	Federal Id	entifier		
5. APPLICANT INFORMATI Legal Name:	ION I		Organizat	onat Unit: Involved	Neighbors Se	eking Information	Safety and Truth (INSI	IST)
Center for Community Ac	tion and Environme		Departme					
	2704885	SEP 2 3 2004	Division:	NA	r of parson to	he contucted	on matters involvin	na this
Mailing Address: PO Box	33214			n (give area code)	ox person u		Oli Matters introtrum	-6 /1110
Street: Physical Address: 770	1 Mission Bivd., R	iverside CA 92509	USE	Ms.		First Name:	Diana	
City: Riverside			Middle N	Caro				
County: Riverside			Last Nam	Fox				
State: CA	Zip Code: 92	519	Suffix:					
County: Riverside			Email:	diana.f@ccaej.	org			
6. EMPLOYER IDENTIFICA	TION NUMBER (EIN)			mber (give area co	ode)		(give area code)	
3 3 -0	5 6 2 0 8	2	(909) 36	J -845 1		(909) 360-59	JOU	
8. TYPE OF APPLICATION	The state of the s		7. TYPE	OF APPLICANT:	(See back o	f form for App	lication Types)	
If Revision, enter appropriate in (See back of form for description)	etter(s) in box(cs)	Revision	501(c)(3) Non Profit Or	ganization	١		
			Other (spe	cify)				
Other (specify)			us HAM	OF FEDERAL A	GENCY -	Office of Env	ronmental Justice	1
10 CATALOG OF FEDERAL	DOMESTIC ASSISTA	NCE NUMBER:	11. DESC	CRIPTIVE TITLE	OF APPLIC	CANT'S PROJ	ECT:	
ETVITURANATUR MERREPRODERA	66-6	0 4 ch Smell Grants Program	Wyle Lat	os Multiple Sour	rce Contan	nination Ider	ntification Progra	am
state of California, and other	PROJECT (Cities, Cour	State by the Grantor						
13. PROPOSED PROJECT			14. CON	RESSIONAL DI	STRICTS O	F: b. Project		
Start Date: August 1, 2004	Ending Date	July 31, 2005	1	ut 44th District			44th District	-
15. ESTIMATED FUNDING:			ORDER	12372 PROCESS?)		TATE EXECUTIV	'E
	5,000		a. Yes	THIS PREAPP BLE TO THE ST	LICATION ATE EXECT	/APPLICATIO JTIVE ORDE	N WAS MADE R 12372 PROCESS	s FOR
b. Applicant \$ c. State \$			REVIEW	ON				
d. Local \$			b. No	DATE: PROGRAM IS	S NOT COV	ERED BY E.	O. 12372	_ = -
e, outer			REVIEW		M HAS NO	T BEEN SELE	CTED BY STATE	3 FOR
f. Program Income \$	5,000							
18. TO THE BEST OF MY K DOCUMENT HAS BEEN DO ATTACHED ASSURANCES	NOWLEDGE AND BE	Y THE GOVERNING BOL	S APPLICA DY OF THE	ATION/PREAPPL APPLICANT AN	ICATION A ID THE API	RE TRUE AN PLICANT WII	ID CORRECT. TH LL COMPLY WITE	TE H THE
a. Authorized Representative Prefit Ms. Fire	st Name Banay			Middle Name	Jane			
I not Marne	rem	y		Suffix				
h Tiele	lewman Birstoper\			c. Telephone Nu	mber (give s	rea code)	(909)360-845	51
/ EVecution	/ Y W / B			- Des Simed				
d. Signature of Authorized Re	presentative ////	Man		c. Date Signed Sept	ember 24	. 2004		

600.106 Form SF-424, Application for Federal Assistance

OMB Approval No. 0348-0043

•				
		2. DATE SUBMITTED		Applicant Identifier
. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction	Preapplication		***************************************	
Non-Construction	Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION	Non-Construction			
.egal Name: City of Coluse			Organizational Unit: Department of Public	Works
Address (give city, county, State,	and zip code):		Name and telephone	number of person to be contacted on matters involv
425 Webster Street Colusa, CA 95932		,	this application (give a	•
6. EMPLOYER IDENTIFICATION	NUMBER (EIN)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	530-458-5622 7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
9 4 - 6 0 0 0			A. State	H. Independent School Dist.
3. TYPE OF APPLICATION:			B. County	State Controlled Institution of Higher Learning
⊠ New	Continuation	Revision	C. Municipal	J. Private University
			D. Township	K. Indian Tribe
f Revision, enter appropriate lett	ėr(s) in box(es)		E. Interstate	L. Individual
		·	F. Intermunicipal	M. Profit Organization
A. Increase Award B. Dec D. Decrease Duration Other(s		e Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other(s	вреспу):		9. NAME OF FEDERA	N AGENCY:
			1	griculture, Rural Utility Service
· ·				
0, CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
	THE ABOID LANGE IS	10-760		water Treatment Plant Expansion and Upgrade
T				In L G G U V G In I
Y	aste Disposal Loan and Gra	<u></u>		3
2. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, St	atės, etc.):		SEP 2 3 2004
City of Colusa				SEP 2 3 2004 [5]
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:		STATE ALEADUIA HAHAP
Start Date Ending Date	a. Applicant		b. Project	
August 2005 January 2007	Congressional District 02	:	Same	The second secon
15. ESTIMATED FUNDING:			1	SUBJECT TO REVIEW BY STATE EXECUTIVE
1. Féderal	\$	∞	ORDER 12372 PI	ROCESS?
a. redeiai	•	6,900,000	a, YES, THIS PRE	APPLICATION/APPLICATION WAS MADE
o. Applicant	\$	100,000	*	E TO THE STATE EXECUTIVE ORDER 12372
- Cl. A		<u> </u>	PROCESS	FOR REVIEW ON:
2. State	\$	12,500,000	DATE	
J. Local	\$	_∞ .	1	
			~	AM IS NOT COVERED BY E. O. 12372
⇒, Other	\$,∞	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE
Program Income	\$	50	FORRE	VIEVV
. Trogram moonie	*		17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
J. TOTAL	\$	19,500,000	Yes If "Yes,"	attach an explanation.
19 TO THE BEST OF MY (CHO)	NI EDGE AND BELIEF A			
· ·	,			TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AW			
a. Type Name of Authorized Rep	resentative	b. Title		c. Telephone Number 530-458-4941
Joan Phillipe		City Manager		6. Date Signed
1. Signature of Authorized Repre	deine			Scotion her 22 2001
Previous Edition Usable				Standard Form 424 (Rev. 7-97)
Authorized for Local Reproduction	n			Prescribed by OMB Circular A-102

	CEMENT	OMB Appr	oval No. 0348-0043
PPLICATION FOR FEDI		2. Date Submitted	Applicant Identifier
Type of Submission:	unlication	3. Date Rec'd by State	State Application Identifier
	pplication Construction	4. Date Rec'd by Federal	Federal Identifier
ConstructionX_Nonconstruction	Nonconstruction	4. Build rect d by 1 bustons	I 98910004
Applicant Information:		Organizational Unit:	
egal Name and Address:		Division of Water Quality	
give city, county, state, and zip	code)	Name and telephone of person to be c	ontacted on matters
State Water Resou	rces Control Board	involving this application (give area of	ode):
1001 I Street, Sacr		James Maughan	
Sacramento, Califo	ornia 95814	(916) 341-5522	
. Employer Identification Num	nber (EIN): 680281986	7. Type of Applicant: (enter appropri	ate letter)A
			endent School District
. DUNS Number: 808321	1913		nstitute of Higher Learning University
. Type of Application:		C. Managar	•
New _X_ Revision	Continuation	12. 20	
f Revision, enter appropriate le	tter(s): _A		duai t Organization
A. Increase Award	B. Decrease Award	G. Special District N. Other	
C. Increase Duration		G. Special District 14. Office	(PP-211)
Other (specify)	_ <u></u>	9. Name of Federal Agency:	
0. Catalog of Federal Domesti	ic Assistance Number	U. S. Environmental P	otection Agency
66.419			
	Control_State and Interstate	11. Descriptive Title of Applicant's	Project:
Program Suppo			for market an
		To establish and maintain adequate r and control of surface and ground was	neasures for prevention
12. Area Affected by Project: (cities, counties, states, etc.) California		and connot or surface and ground wi	Lauman a
13. Proposed Project:			
Start Date	End Date	14. Congressional District of:	
7/1/2003	6/30/2008	Applicant: Project: 3 Californ	iα _· Δ11
		3 Californ 16. Is the application subject to revi	
15. ESTIMATED FUNDING:		Executive Order (EO) 12372 proces	
	DE 206 E10	a. YES:X_ This application	n/preapplication was made
a. Federal	\$5,386,548 \$0	available to the State I	O 12372 process for
b. Applicant	\$8,907,385	review on:	
c. State d. Local	\$0,707,585	Date: S	September 22, 2004
	\$4,686,052	b. NO: Program is not	covered by EO # 12372
e. Other "In-Kind"	\$0		ot been selected by the
	\$0	state for review	v
f. Program Income	\$0 \$18,979,985		v
f. Program Income g. TOTAL	\$18,979,985	state for review 17. Is the applicant delinquent on a YES, attach explanation LL DATA IN THIS APPLICATION/PRE.	v. ny Federal debt?XNO APPLICATION ARE
f. Program Income g. TOTAL 18. TO THE BEST OF MY K TRUE AND CORRECT, THE APPLICANT, AND THE APP	\$18,979,985 NOWLEDGE AND BELIEF, A	state for review	ny Federal debt?XNO APPLICATION ARE G BOARD OF THE
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treet;			involving this applic	ation (give are	irson to the contacted on matte is code)
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ounty:	* F***********************************		Lyn Last Name		
Jameda	Zip Code		Kassan Suffix:		
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ountry: .S.A.			Email: jkassan@unitycound	1.073	
EMPLOYER IDENTIFICAT	TON NUMBER (EIN):		Phone Number (give a		Fax Number (give area code)
9 4-1 6 7 0 4 9	0		(510) 535-6924		(510) 534-7771
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APPLICATION FOR FEDERAL ASSISTANCE	,	2. DATE SUBMITTED	1040	Applicant Ider	ntifier	Althur
1. TYPE OF SUBMISSION:		6/16/04 3. DATE RECEIVED BY			tion Identifier	
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Construction	Ū Construction	4. DATE RECEIVED BY	r 104-AII	1-002		
Non-Construction	Non-Construction				W JUN	18 2004 型
5. APPLICANT INFORMATION Legal Name:			Organizational Un	H:		<i>a</i>
FamiliesFirst, Inc.			Department: Community Based	Senices	BY:	Z
Organizational DUNS:	4		Divisioo:		444	,
192302503			Shared Family Care Name and telepho		erson to be conf	acted on matters
Address: Street:			involving this app	lication (give are	ea code)	
2100 Fifth Street			Prefix:	First Name: Sheila		
City: Davis			Middle Name			
Davis County:			Last Name		-uu.	
Yolo			Self			
State: CA	Zip Code 95616		Suffix:			
Country: USA	****		Email: sself@familiesfirsti	inc.org		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (giv		Fax Number (g	ive area code)
94-2295953	<u>.</u>		530-753-0220 ext.	3183	530-753-3390	
8. TYPE OF APPLICATION:	<u> </u>		7. TYPE OF APPL	CANT: (See bad	ck of form for App	olication Types)
₽ Nev		on Revision	Non-profit Organiza	ation		
If Revision, enter appropriate lett (See back of form for description	ter(s) in box(es) i of letters.)		Other (specify)			
			9. NAME OF FEDE	TIAL ACENCY		
Other (specify)			Administration for	Children and Fam		
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		9 3-5 5 1	New Start Local Co Family Care	omprehensive St	ipport Services P	rojects/Shared
TITLE (Name of Program): Abandoned Infants			' '	•		
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):	Comprehensive fa		ices to prevent d	hild abandonment
Contra Costa County in Californ	•		and promote tamin	y pointario 1031		
13. PROPOSED PROJECT			14. CONGRESSIC	NAL DISTRICTS	OF: 1b. Project	
Start Date: 10-01-2004	Ending Date: 09-30-2008		a. Applicant CA 1st District		CA 7th District	·
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a. Authorized Representative			Mic	Idle Name	4.	***
Prefix Mr.	First Name Marv		J. Sul	ffix		
Last Name Harris		FAR HDA		Telephone Numb	or Inive area model	
b. Title Chief Financial Officer	The state of the s	IS U IS II W I	53	0-753-0220 ext. 3	3167	
d. Signature of current of the	Registive In		e. [Date Signed	6 11 root	
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	Marine I am	26 (228 g/g) \$ (209 £ 150 . 2 x x x x x x x x x x x x x x x x x x				
	014	E CLEARING H				
		and a finish seed the property of the finish				TOTAL D 02

APPLICATION FOR

OMB Approval No. 0348-0043

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED SEPTEMBER 1	0, 2004	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	-	State Application Identifier
Application	Preapplication			otato / ipprioditori identine
Construction		4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
☐ Non-Construction	☐ Non-Construction			
5. APPLICANT INFORMATION				
Legal Name:			Organizational Unit:	
CITY of BAR				
Address (give city, county, State, 220 EAST MO BARSTOW, CA	UNTAIN VIEW ST.	Suite A	Name and telephone of this application (give a Economic Deve (760) 256-353	number of person to be contacted on matters involving reacode) RON RECTOR, elopment/Redevelopment, Manage 31, ext. 3203
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):			NT: (enter appropriate letter in box)
	6 7 5			C
			A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
X New	Continuation	Revision	C. Municipal	J. Private University
	(): ()		D. Township	K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual
A. Increase Award B. Decr	ease Award C. Increase	Duration	F. Intermunicipal	M. Profit Organization
D. Decrease Duration Other(s		Duration	G. Special District	N. Other (Specify)
D. Decircase Baration Cirier(s	ipecity).		9. NAME OF FEDERA	A AGENCY:
			S. NAME OF TEDERA	AL AGENCY.
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	IMPED.	44 DECODIDATIVE TIS	TI F OF APPLICANTION TO THE
10. CATALOG OF FEDERAL DO	NIESTIC ASSISTANCE NU		Infra-Struc	TLE OF APPLICANT'S PROJECT: Cture - Construction
		1 1 - 3 0 0		on of Rail Spur into
TITLE: I - PUBL	IC WORKS		and an inte	ernal road system
12. AREAS AFFECTED BY PRO		tes. etc.):	through a	1,200 acre Industrial e City of Barstow.
City of Barstow - S	•	,	Park in the	e City of Barstow.
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF		
13.1 Kol OGED I KOGEGI	14. CONGRESSIONAL DIS		McKeon	
Start Date Ending Date	a. Applicant	nonar a	b. Project	
12/04 06/05	25th			ōth
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 PR	
a. Federal	\$ 2.47	C 016 · 00		
	2,4/	6 , 816	a. YES. THIS PREA	PPLICATION/APPLICATION WAS MADE
b. Applicant	\$ 0.47	C 01C .		TO THE STATE EXECUTIVE ORDER 12372
	2,47	6 , 816	PROCESS	FOR REVIEW ON:
c. State	\$. 00	Cal	-+ 10 2004
	ECEIVED	00	DATE Sel	ot. 10, 2004
d. Local	P. Lanner			
e. Other	s SEP 1 7 2004	. 00		M IS NOT COVERED BY E. O. 12372 SRAM HAS NOT BEEN SELECTED BY STATE
			FOR REV	IEW
f. Program Income	ATE CLEARING HOU	SE º ºº		
<u> </u>	Control of the Contro	00	17. IS THE APPLICAN	IT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL		3,631		attach an explanation.
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF, ALL	DATA IN THIS APPLICA	ATION/PREAPPLICAT	ION ARE TRUE AND CORRECT, THE
			E APPLICANT AND TH	IE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF T				
a. Type Name of Authorized Repr LAWRENCE E. DALE	نور	b. Title MAYOR		c. Telephone Number ('760') 254-3531
d. Signature of Authorized Repres	and the second second			e. Date Signed
The order of	Edde Co			9-13-2004

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Version 7/03		

FEDERAL ASSISTANCE 2. DATE SUBMITTED 9/14/04 Applicant Identifier 1664 1. TYPE OF SUBMISSION: Application Pre-application Construction Construction Non-Construction Non-Construction S. APPLICANT INFORMATION Legal Name: Organizational Unit:	
Application Construction Non-Construction Non-Construction Description Non-Construction Description Application Application Application Application Application Application Construction Non-Construction Non-Construction Construction Organizational Unit:	
Construction Non-Construction Non-Construction S. APPLICANT INFORMATION Legal Name: 4. DATE RECEIVED BY FEDERAL AGENCY CA-90-Y118-01 Organizational Unit:	
✓ Non-Construction □ Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit:	
5. APPLICANT INFORMATION Legal Name: Organizational Unit:	
Department:	
City of Santa Monica Big Blue Bus (Transit Services) Organizational DUNS: Division:	
833665896	
Address: Street: Name and telephone number of person to be contacted involving this application (give area code)	d on matters
612 Colorado Prefix: First Name: Ms Marianne	
City: Middle Name H.	
County: Los Angeles Last Name Kim	
State: Zip Code Suffix: Suffix:	,
Country: Email: marianne-kim@santa-monica.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): Phone. Number (give area code) Fax Number (give area	ea code)
9 5 =6 0 0 7 9 0 310-458-2296 310-581-7925	
8. TYPE OF APPLICANT: (See back of form for Application)	on Types)
☐ New ☐ Continuation ☑ Revision Municipality (C)	
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) A B Other (specify)	·
Other (specify) 9. NAME OF FEDERAL AGENCY:	
Federal Transit Administration 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
The Other County Manifest Dist District County and COE 5 will	lion from a
TITLE (Name of Program): Title (Name of Pro	r Quality
Federal Transit - Capital Investment Grants (Urbanized Areas Formula Program) LNG fueled replacement buses, an Advanced Traveler Ma	nagement
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Santa Monica, Culver City, West Los Angeles and Downtown Los Angeles System (ATMS), and a new regional fare collection system	١.
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:	
Start Date: Ending Date: a. Applicant b. Project	
City of Santa Monica CA-90-Y118-01 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE	EXECUTIVE
ORDER 12372 PROCESS?	
25,525,857 a. Yes. 12 AVAILABLE TO THE STATE EXECUTIVE OR	DER 12372
b. Applicant PROCESS FOR REVIEW ON	`
c. State DATE: 9/14/04	
d. Local 0 b. No. I PROGRAM IS NOT COVERED BY E. O. 1237	2
e. Other STATE CLEARING HOUSE OR PROGRAM HAS NOT BEEN SELECTED FOR REVIEW	BY STATE
f. Program Income 5 0.00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERA	AL DEBT?
g. TOTAL \$ 32,906,180	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT ON THE APPLICANT AND THE APPLICANT WILL COMPLY	T. THE VITH THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY VATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative	
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Mis First Name Stephanie Middle Name	
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Ms First Name Stephanie Last Name Negriff Suffix	
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name Middle Name Last Name Suffix D. Title C. Telephone Number (give area code) Director, Big Blue Bus 310-458-1975 C. Telephone Number (give area code) Director Suffix C. Telephone Nu	
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Stephanie Last Name Negriff b. Title Authorized Representative First Name Stephanie Suffix C. Telephone Number (give area code)	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITT		I A series series	Version 7.0.
1 14 180 (1 p)				Applicant Id	enuner
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED			ation Identifier
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGEN	1 0 0 0 1 1 1 1 2 0 1	
Non-Construction 5. APPLICANT INFORMATION	☑ Non-Construction				
Legal Name:			Organizational L	Init:	
River Partners		FIVE	Department:		
Organizational DUNS: 07-869-0836	TO E G	LE U U LE	Division:		
Address:	10-		Name and telept	one number of r	person to be contacted on matters
Street:	IIII san	t. 17 2004	involving this ap	plication (give a	rea code)
580 Vailombrosa Ave	11111300	· · / /	Prefix:	First Name: Daniel	
City: Chico			Middle Name		
County: Butte	STATEC	I was the state of the	Last Name Elseaff		
State: CA	Zip Code 95926		Suffix:		Appending to considerate the second s
Country:	1 30323		Email:		
S. EMPLOYER IDENTIFICATION	N NUMBER (EIND:		defseaff@riverpa Phone Number (g		(Tan Minaka)
			530,394,5401 X2		Fax Number (give area code)
94-3302335 8. TYPE OF APPLICATION:					530.894.2970
V Nev	w Ti Continuatio		ì		ick of form for Application Types)
If Revision, enter appropriate left	ter(s) in box(es)	on Revision	Non-Profit 501c(3) corporation	
(See back of form for description	of letters.)		Other (specify)		
Other (specify)	{©		9. NAME OF FED NOAA — National	ERAL AGENCY: Oceanic and Atm	ospheric Administration
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTAN	CE NUMBER:			ICANT'S PROJECT:
TITLE (Name of Program): Habitat Conservation		11-463	DelRio Wildland i West Fields)	Preserve Riparian	Habitat Restoration (Middle and
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.)::			
Glenn, CA					
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSI	DNAL DISTRICTS	
01/01/2005	3/31/2007		a. Applicant District 2		b. Project District 3
15. ESTIMATED FUNDING:			ORDER 12272 DE	005563	REVIEW BY STATE EXECUTIVE
a. Federal S		236,000	a. Yes. 🗌 THIS	PREAPPLICATIO	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant \$		13,050	PROC	CESS FOR REVIE	WON
c. State WCB Grant Application	CEIVED	250,000	DATE	:	
d. Local	VEIVLU	230,000	b. No. 7 PROC	RAM IS NOT CO	VERED BY E. O. 12372
e. Other NRCS Grant Application	EP 1 7 2004	211.000	= ORP	ROGRAM HAS NO	OT BEEN SELECTED BY STATE
f. Program Income 5		211,000	FOR!	REVIEW	ENT ON ANY FEDERAL DEBT?
g. TOTAL STATE	CLEARING HOUSE	710,050	 ☐ Yes If "Yes" at		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	, ALL DATA IN THIS	APPLICATION/PREAP	PLICATION ARE	TRUE AND CORRECT THE
a. Authorized Representative		MARUEU.			
Prefix	First Name John		Mic	idle Name	
Last Name Carlon			Sur	fix	
b. Title President			c. 1	elephone Number	(give area code)
d. Signature of Authorized Repre	santativa			0.894.5401 X 24 Date Signed 🧳	15/04
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Authorized for Local Reproduction	in _				Prescribed by OMB Circular A-102

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED November 14, 2004		Applicant Iden	tifier
1. TYPE OF SUBMISSION: Application	Des essission	3. DATE RECEIVED BY	STATE	State Applicati	ion Identifier
Construction	Pre-application Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	fier
Non-Construction	Non-Construction			M -05-UC-06-0	0005
5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Unit:		
County of Sacramento			Department: Sacramento Housing	and Redevelop	ment Agency
Organizational DUNS: 139400514	FRAG	N E IN	Division:		
Address:	10 6 6	U U 15			rson to be contacted on matters
Street: 630 I Street		Annual distriction of the control of	involving this applic Prefix:	ation (give are:	a code)
Cina	HDH-CEP-	17 2004 LUL	Ms.	Sarah	
City: Sacramento	IDD SEL	I / COOT	Middle Name		
County: Sacramento		1100 1100 1100	Last Name Thomas Hansen		
State: California	Zip Code TE ()	AKING HUUGE	Suffix:		
Country: USA			Email: shansen@shra.org		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give a	rea code)	Fax Number (give area code)
94-6000759]		(916) 440-1322		(916) 447-2261
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	NT: (See back	k of form for Application Types)
Nev		n MRevision	Municipal		
if Revision, enter appropriate letter (See back of form for description	er(s) in box(es) of letters.)		Other (specify)		
Other (specify)	U		9. NAME OF FEDERA U. S. Department of H	AL AGENCY:	ann Davidanment
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI		
			2005 Community Dev		
TITLE (Name of Program): Community Development Block		1 4-2 1 8			•
		0(-11-)			
12. AREAS AFFECTED BY PROCESSION OF Sacramento	OJECT (Cities, Counties	, States, etc.):			
13. PROPOSED PROJECT			14. CONGRESSIONA	L DISTRICTS (OE:
Start Date:	Ending Date:	and the second s	a. Applicant		b. Project
January 1, 2005 15. ESTIMATED FUNDING:	December 31, 2005		3rd, 4th, 5th, and 11th		Brd, 4th, 5th, and 11th
15. ESTIMATED FUNDING:			ORDER 12372 PROC	ESS?	REVIEW BY STATE EXECUTIVE
a. Federal \$		7,811,580 ·	a. Yes. 🛛 THIS PRE	APPLICATION	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		W		S FOR REVIEW	
c. State \$,00	DATE: S	eptember 17, 20	004
d. Local \$.00	b. No. T PROGRA	M IS NOT COV	ERED BY E. O. 12372
e. Other \$			☐ FOR REV	IEW	T BEEN SELECTED BY STATE
f. Program Income \$		428,714	17. IS THE APPLICAL	NT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		8,240,294	Yes If "Yes" attach	an explanation	ı. 💯 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF T	LICATION/PREAPPLIC HE APPLICANT AND	CATION ARE T THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative Prefix Ms.	First Name Anne	,	Middle M.	Name	
Last Name Moore	1. 4110		Suffix	· · · · · · · · · · · · · · · · · · ·	
b. Title		4.7.4		phone Number	(give area code)
d. Signature of Authorized Repre	sentative		e, Date	140-1319 Signed	
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1. TYPE OF SUBMISSION: Application Pre-application Deconstruction	APPLICATION FOR					Manala W
Application Pro-application Pro-applicatio			2. DATE SUBMITTED		Applicant Ide	version 7/
Construction Disport Construct			3. DATE RECEIVED BY	STATE		
Non-Construction Non-Construction S-05-U-06-0006		I	<u> </u>		State Applica	ation identifier
S. APPLICANT INFORMATION Legal Name: Dirganizational Unit. Department: Scrimmont Housing and Redovologment Agency	I		4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Iden	ufler
Legel Name: Organizational Unit Security Securi	L. Non-Construction 5. APPLICANT INFORMATION	Non-Construction			S-05-UC-06-	0005
Department Dep	Legal Name:			Organizational Unit		
Section of Dunish Section Sect	County of Sacramento			Department:		
Name and telephone number of person to be contacted on matters involving this application (give area code)	Organizational DUNS:			Sacramento Housing	and Redevelor	oment Agency
Name and clephone number of person to be contacted on matters (1901) September of person to the contacte			AND THE REAL PROPERTY AND A SECURITY OF THE PROPERTY OF THE PR			
September Sept	Street:	1 10 15 12		Name and telephone	number of pe	erson to be contacted on matters
Middle Name Jan Midd	630 I Street			Involving this applic	ation (give are	ea code)
Sacramento Sac	City:			Ms.		
Sacrimento Sacrimento Satista Suffix S	Sacramento	<u> </u>	_7_2004 リ	Middle Name		
Suffix S		La lad		Last Name		
Country STATE CLEARING HOUSE Email: Phone Number (give area code) Fax Number (give area code)						
S. EMPLOYER IDENTIFICATION NUMBER (EIN):		95814	SPING HOUSE			
Signature Sign			111111111111111111111111111111111111111	Email:		
Stripe of Application New Continuation Revision Stripe Revision Revision Revision Revision Revision Stripe Revision R	l	N NUMBER (EIN):		Phone Number (give ar	'ea code)	Fax Number (give area code)
Revision Gee back of form for description of letters.) Under (specify) See back of form for description of letters.) Under (specify) See back of form for description of letters.) Under (specify) See back of form for description of letters.) Under (specify) See back of form for description of letters.) Under (specify) See back of form for Application Development Under (specify) See back of form for Application Development Under (specify) See back of form for Application Development Under (specify) See back of form for Application Development Under (specify) See back of form for Application Development Under (specify) See back of form for Application Development Under (specify) See back of form for Application Development Under (specify) See back of form for Application Development Under (specify) See back of form for Application Development Under (specify) See back of form for Application Development Under (specify) See back of form for Application Development Under (specify) See back of form for Application Development Under (specify) See back of form for Application Development Under (specify) See back of form for Application Development Under (specify) See back of form for Application Types Under (specify) See back of form for Application Place Development Under (specify) See back of form for Application Place Development Under (specify) See back of form for Application Place Development Under (specify) Unde				(916) 875-3601		,
Revision, enter appropriate letter(s) in block(sis) Other (specify)	8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	NT: (See bac	k of form for Application Types)
Other (specify) Other (specify) Other (specify) 9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2005 Emergency Shelter Grant 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: 24. APPLICANT 15. ESTIMATED FUNDING: 25. Federal 26. Applicant 27. APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 13272 PROCESS 28. Applicant 28. Conder 13272 PROCESS 29. Conder 13272 PROCESS 2006 DATE: September 17, 2004	If Revision enter appropriate lette	Continuation	☐ Revision	1	•	The state of the s
Other (specify) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2005 Emergency Shelter Grant 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2005 Emergency Shelter Grant 2005 Emergency Shelter Grant 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2005 Emergency Shelter Grant 2006 Emergency	(See back of form for description	of letters.)	•			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2005 Emergency Shelter Grant 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento 13. PROPOSED PROJECT Start Date:	İ	·				
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2005 Emergency Shelter Grant 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento 13. PROPOSED PROJECT Start Date: January 1, 2005 a. Applicant b. Applicant b. Applicant c. States a. Applicant c. State a. Applicant c. S	Other (specify)			9. NAME OF FEDERA	L AGENCY:	D
TITLE (Name of Program): Emergency Shelter Grant 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento 13. PROPOSED PROJECT Start Date:	10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:			
TITLE (Name of Program): Emergency Shelter Grant 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento 13. PROPOSED PROJECT Start Date:				1		OAN 3 PROJECT:
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento 13. PROPOSED PROJECT Start Date: January 1, 2005 Jecember 31, 2005 Jecember 31, 2005 14. CONGRESSIONAL DISTRICTS OF: Jecember 31, 2005 15. Project Jard, 4th, 5th, and 11th Jec, 4th, 5th, and 11th Jecember 31, 2005 16. Is APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 18. Federal Jecember 32, 7606 19. Applicant Jecember 32, 7606 19. Applicant Jecember 32, 7606 10. Applicant Jecember 32, 7606 10. No. III PROGRAM IS NOT COVERED BY E. O. 12372 DATE: September 17, 2004 10. No. III PROGRAM HAS NOT BEEN SELECTED BY STATE Jecember 32, 7606 11. IS THE APPLICATION ANY FEDERAL DEBT? 12. TOTAL 13. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE OCCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICATION/PREAPPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICATION/PREAPPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT OF THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT OF THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT OF THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT OF THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT OF THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT OF THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT OF THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT OF THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT OF THE APPLICANT WILL COMPLY WITH THE	TITLE (Name of Program):				ior Grant	
County of Sacramento 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: 15. Project January 1, 2005 15. Estimated Funding: December 31, 2005 16. Is Applicant January 1, 2005 17. Is Applicant 18. Estimated Funding: January 1, 2005 18. Project January 1, 2005 19. Applicant 10. Project 19. Applicant 10. Interpretable By State Executive 10. Applicant 10. Applicant 10. Applicant 11. Is Applicant 10. Project 11. Applicant 11. Applicant 12. Applicant 13. Applicant 14. CONGRESSIONAL DISTRICTS OF: 15. Applicant 16. Project 17. Is Applicant 18. Applicant 19. Ap	12. AREAS AFFECTED BY BBO	IECT (OWes Osme)	0			
13. PROPOSED PROJECT Start Date:	_	JECT (Cities, Counties,	States, etc.):			
Start Date: January 1, 2005 Becember 31, 4th, 5th, and 11th Brit, 4th, 5th, and 11th Brit, 4th, 5th, and 11th Becember 31, 2005 Becember 31, 200						
January 1, 2005 December 31, 2005 January 1, 2005 January 2, 2005 Janu	Start Date:	Ending Date:				
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal \$ 287,606 b. Applicant \$ 287,606 c. State \$ 287,606 d. Local \$ 00 DATE: September 17, 2004 b. No.	January 1, 2005			3rd, 4th, 5th, and 11th		b, Project 3rd, 4th, 5th, and 11th
287,606 b. Applicant c. State d. Local s. Overall and the process for Review on DATE: September 17, 2004 b. No. III PROGRAM IS NOT COVERED BY E. O. 12372 b. No. III PROGRAM IS NOT COVERED BY E. O. 12372 b. No. III PROGRAM IS NOT BEEN SELECTED BY STATE FOR REVIEW OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 3. TOTAL S. 287,606 19 Yes If "Yes" attach an explanation. III No. 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE INTRACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 3. Authorized Representative Typer Mis. First Name Cash Name Cash Name Cash Cash Cash Cash Cash Cash Cash Cash	15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO	REVIEW BY STATE EXECUTIVE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 17, 2004 b. No. III PROGRAM IS NOT COVERED BY E. O. 12372 b. No. III PROGRAM IS NOT COVERED BY E. O. 12372 b. No. III PROGRAM IS NOT COVERED BY E. O. 12372 c. Other f. Program Income g. TOTAL g. TOTAL g. TOTAL g. TOTAL g. TOTAL g. TOTAL g. TOTHE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ONCOUNTENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE APPLICANT WILL COMPLY WITH THE APPLICANT WILL COMPLY WITH THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE APPLICANT WILL COMPLY WITH THE APPLICANT WILL COMPLY WITH THE APPLICANT WILL COMPLY WITH THE APPLICANT WILL COMPLY WITH THE APPLICANT WILL COMPLY WITH THE APPLICANT OF THE APPLICANT OF THE APPLICANT OF THE APPLICANT OF THE APPLICANT OF THE APPLICANT OF THE APPLICANT OF THE APPLICANT OF THE APPLICANT OF THE APPLICANT OF THE APPLICANT OF THE APPLICANT OF	a. Federal \$		-00	THOOPE	SS7 APPLICATION	APPLICATION MASS MADE
C. State \$ DATE: September 17, 2004 d. Local \$ DATE: September 17, 2004 d. Local \$ DATE: September 17, 2004 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 b. No. PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 3. TOTAL \$ 287,606 DATE: Yes attach an explanation. No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ALL AUTHORIZED REPRESENTANCE IS AWARDED. 2. Prefix Name Rasmussen Title b. Applicant s			AVAILABLI	E TO THE STA	TE EXECUTIVE ORDER 12372	
d. Local \$			•	PROCESS	FOR REVIEW	ON
b. No. PROGRAM IS NOT COVERED BY E. O. 12372 c. Other f. Program Income for Replicant Completion f. Program Income f. Program Income f. Program Income f. Prog	c. State		.00	DATE: Se	otember 17, 20	04
G. Other S. OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 3. TOTAL S. 287,606 19 es if "Yes" attach an explanation. D. No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE INTROCHED ASSURANCES IF THE ASSISTANCE BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE INTROCHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 3. Authorized Representative Perfix Suffix First Name Rasmussen Suffix C. Telephone Number (give area code) (916) 875-3611 E. Date Signed September 17, 2004	d. Local \$			PROGRAM	LIS NOT COVE	ERED BY E O 12272
I. Program Income I. Program Income I. Program Income I. I. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? I. I. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? I. I. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? I. I. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? I. I. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? I. I. IS THE APPLICANT ON ANY FEDERAL DEBT? I. I. I. I. I. I. I. I. I. I. I. I. I. I	e. Other			D. 110. ILL		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE OUTTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 18. Authorized Representative 19. Authorized Representative 19. Signature of Authorized Representative 19. Signature of Authorized Representative 19. Signature of Authorized Representative 19. Date Signed 19. Signature of Authorized Representative 19. Date Signed 19. Signature of Authorized Representative 19. Date Signed 19. September 17, 2004			,	OR PROGR	RAM HAS NOT =W	BEEN SELECTED BY STATE
287,606	r. Program Income \$.00	17. IS THE APPLICAN	T DELINQUEN	TON ANY FEDERAL DEBT?
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE LASSISTANCE IS AWARDED. 3. Authorized Representative Perfix Signature of Authorized Representative Interim Director Department of Human Assistance Signature of Authorized Representative 1. Signature of Authorized Representative 1. Signature of Authorized Representative 1. Date Signed 1. September 17, 2004	g. TOTAL \$			—		
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 3. Authorized Representative Crefix Suffix Suffix Title Interim Director Department of Human Assistance Signature of Authorized Representative Tevious Fittion Usable September 17, 2004	18. TO THE BEST OF MY KNOW	LEDGE AND DELIEE A	287,606	U Yes If "Yes" attach a	in explanation.	KJ No
A. Authorized Representative Crefix First Name Last Name Rasmussen Title Interim Director Department of Human Assistance Signature of Authorized Representative Tevious Fittion Usable Tevious Fittion Usable September 17, 2004				.ICATION/PREAPPLIC/ HE APPLICANT AND T	ATION ARE TE HE APPLICAN	RUE AND CORRECT. THE
Perfix First Name Last Name Rasmussen Title Interim Director Department of Human Assistance Signature of Authorized Representative Tevious Filiph Usable September 17, 2004		E ASSISTANCE IS AWA	ARDED.			THE COMPLY WITH THE
ast Name Rasmussen Title Interim Director Department of Human Assistance Signature of Authorized Representative revious Fittion Usable Suffix C. Telephone Number (give area code) (916) 875-3611 e. Date Signed September 17, 2004	Prefix F			Middle N	ame	
Rasmussen Title Interim Director Department of Human Assistance C. Telephone Number (give area code) (916) 875-3611 E. Date Signed February Frition Usable September 17, 2004	Last Name	ane				
Interim Director Department of Human Assistance Signature of Authorized Representative Expression Signatur	Rasmussen			Suffix		
Signature of Authorized Representative e. Date Signed September 17, 2004	i, Title Interim Director Department of Hur	man Assistance		c. Teleph	one Number (g	ive area code)
revious Filian Usable September 17, 2004	. Signature of Authorized Represe	ntative				
	revious Edition Usable	russen				

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APPLICATION FOR					Version 7/0
FEDERAL ASSISTANCE	•	2. DATE SUBMITTED		Applicant Iden	tifler
1. TYPE OF SUBMISSION: Application	Pre-application	November 14, 2004 3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
l	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	ICY Federal Identif	ier
1	Non-Construction			S-04-MC-06-0	
5. APPLICANT INFORMATION	S NOII-CONSTRUCTION	1			
Legal Name:			Organizational	Unit:	
City of Sacramento			Dapartment: Sacramento Ho	using and Redevelop	ment Agency
Organizational DUNS: 139400514		town 1sd tyl brond	Division:	20111g 21.12 1 1 2 2 2 2 1 2 1 2 2 2 2 2 2 2 2	none rigority
139400514 Address:	—— HnSI				
Street:	- HHH S E	:P 1 7 2004 H ²	involving this	pnone number of pe application (give are:	rson to be contacted on matters
630 Street	bal bal	Beatter	Prefix:	First Name:	4
City:			Ms. Middle Name	Jan	
Sacramento	CTATEC	LEADING HALLS	ANT .		
County: Sacramento	LOIVILO		'tast Name Galloway		
State: California	Zip Code 95814		Suffix:		
Country: USA			Email:		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):	-	Phone Number	(give area code)	Fax Number (give area code)
94-6028238			(916) 875-8601	(8,70 4,00 0040)	(\$100 t) ba today
8. TYPE OF APPLICATION:				BLICANT: (See heat	of form for Application Types
	177)		7. TIPE OF AF	PLICANT: (See Dack	of form for Application Types)
│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │	er(s) in box(es)	n 🔲 Revision	Municipal		
(See back of form for description of	of letters.)	\Box	Other (specify)		
Other (specify)		U .	9 NAME OF FE	DERAL AGENCY:	
				nt of Housing and Urb	an Development
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTI	VE TITLE OF APPLIC	CANT'S PROJECT:
		1 4-2 3 1	2005 Emergend	y Shelter Grant	
TITLE (Name of Program): Emergency Shelter Grant		لا الالالالالالالالالالالالالالالالالال			
12. AREAS AFFECTED BY PRO	VIECT (Cition Counting	Pinton of all	-		
City of Sacramento	JECT (Cities, Counties	6, States, etc.):			
-	·				
13. PROPOSED PROJECT Start Date:	Ending Date:	•	a. Applicant	SIONAL DISTRICTS	DF: b. Project
January 1, 2005	December 31, 2005		3rd, 4th, 5th, and	d 11th	3rd, 4th, 5th, and 11th
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal \$		tu.	ORDER 12372 P	ROCESS? S PREAPPLICATION	APPLICATION WAS MADE
	***	254,054	A. 165. IKLI AVA	VILABLE TO THE STA	TE EXECUTIVE ORDER 12372
b. Applicant \$			PRO	DCESS FOR REVIEW	ON
c. State \$. 00	DAT	E: September 17, 20	04
d. Local \$,90	b. No. 🔲 PRO	GRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$. 00		PROGRAM HAS NOT	BEEN SELECTED BY STATE
f. Program lincome \$.00			IT ON ANY FEDERAL DEBT?
g. TOTAL \$		254,054	Yes If "Yes"	attach an explanation.	. 1 2 No
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF.		1	-	
DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	UTHORIZED BY THE	GOVERNING BODY OF 1			
a. Authorized Representative	Circt Name		ſa.	Iddo Nomo	
	First Name Jane			liddle Name	
Last Name Rasmussen			S	uffix	
b. Title Interim Director Department of Hi	uman Assistance			Telephone Number (give area code)
d. Signature of Authorized Repres	entative ·		e	916) 875-3611 . Date Signed	
Previous Edition Usable	mussen			September 17, 2004	Standard Form 424 (Pay 0 2002)

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APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED November 14, 2004		Applicant Iden	tifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	ion Identifier
☑ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identif	lier
Non-Construction	Non-Construction			B-05-MC-06-0	0003
5. APPLICANT INFORMATION					
Legal Name:			Organizational Department:	Unit:	
City of Sacramento		····	Sacramento Hou	ising and Redevelop	ment Agency
Organizational DUNS: 139400514		The Control of the Co	Division:		
Address:		WEIGH			rson to be contacted on matters
Street: 630 I Street	IIN E G G		involving this a Prefix:	pplication (give are First Name:	a code)
	1131		Ms.	Sarah	
City: Sacramento	SEP 1	7 2004	Middle Name		
County: Sacramento	Error Control	173	Last Name Thomas Hansen		
State: California	95814 TE CLEA	RING HOUSE	Suffix:		
Country: USA	And the second s		shansen@shra.d	org	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)
94-6028238			(916) 440-1322		(916) 444-2261
8. TYPE OF APPLICATION:			7. TYPE OF APP	PLICANT: (See back	k of form for Application Types)
. □ New		n Revision	Municipal		
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es) of letters.)		Other (specify)		
Other (specify)				DERAL AGENCY: It of Housing and Urk	pan Development
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:
		1 4-2 1 8	2005 Community	/ Development Block	Grant Projects
TITLE (Name of Program): Community Development Block	Commit				
12. AREAS AFFECTED BY PRO		States etc.)	-		
City of Sacramento	zuzu (umaa) adamida	, 5.5.55, 5.57.			
13. PROPOSED PROJECT			14 CONGRESS	IONAL DISTRICTS	OF-
Start Date:	Ending Date:		a. Applicant		b. Project
January 1, 2005 15. ESTIMATED FUNDING:	December 31, 2005		3rd, 4th, 5th, and		Brd, 4th, 5th, and 11th
15. ESTIMATED FUNDING:			ORDER 12372 P		REVIEW BY STATE EXECUTIVE
a. Federal \$		6,834,500	A Ves IV THIS	PREAPPLICATION	/APPLICATION WAS MADE
b. Applicant \$		0,834,300	1 444	ILABLE TO THE STA CESS FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON
c. State \$		w		E: September 17, 20	
d. Local \$			550		ERED BY E. O. 12372
e. Other \$			D. NO. 11 1		T BEEN SELECTED BY STATE
f. Program Income \$		00	FOR	REVIEW	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		957,707 '			Marcul
	W FROE AND DELIES	7,792,207	1	ttach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF 1	THE APPLICANT	AND THE APPLICA	NT WILL COMPLY WITH THE
a, Authorized Representative					
Prefix Ms.	First Name Anne			iddie Name 1.	
Last Name Moore				Jffix	
b. Title Executive Director				Telephone Number 916) 440-1319	(give area code)
d. Signature of Authorized Repre	_		e.	Date Signed	
	0/11		S	eptember 17, 2004	

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APPLICATION FOR FEDERAL ASSISTANCE 2. Date Submitted			OMB Approval No. 0348-0043			
ATTLICATION FOR FE	DERAL ASSISTANCE	2. Date Submitted	Applicant Identifier			
 Type of Submission: 		3. Date Rec'd by State	State Application Ideal'S			
Application P ₁	reapplication		State Application Identifier			
Construction	Construction G E V	4. Date Rec'd by Federal	Federal Identifier			
X_Nonconstruction	Nonconstruction	- January Louisian	rederal identifier			
5. Applicant Information:						
Legal Name and Address:	SEP 16 2004	Organizational Unit:				
(give city, county, state, and z	in and a	Executive Office				
	ources Control Board Carolina Control	Name and telephone of person	to be contacted on matters			
1001 I Street Sa	acramento County. ULEARING I	involving this application (give Ricardo Martinez	e area code):			
Sacramento, Cal		(916) 324-7316				
		(510) 524-7310				
6. Employer Identification Nu	imber (EIN): 680281986	7. Type of Applicant: (enter a	ppropriate letter) A			
			Independent School District			
6. DUNS Number: 8083	21913		State Institute of Higher Learning			
8. Type of Application:		C. Municipal J.	Private University			
_X_NewRevision	Continuation		Indian Tribe			
If Revision, enter appropriate l			Individual			
A. Increase Award C. Increase Duration	B. Decrease Award	F. Intermunicipal M.	Profit Organization			
Other (specify)	D. Decrease Duration	G. Special District N.	Other (specify)			
omer (specify)		0 No				
10. Catalog of Federal Domes	tic Assistance Number	9. Name of Federal Agency:	ntal David			
66.606	The Table In the Indian	U. S. Environme	ntal Protection Agency			
Title: Surveys, Studies	, Investigations and	11. Descriptive Title of Applic	eant's Project			
Special Purpos		pp.i.e	Sant & Project.			
12 4 400 11 5		Incorporate pollution prevention	on (P-2) strategies/techniques			
12. Area Affected by Project:		into Environmental Manageme	nt Systems (EMS) programs tailored			
(cities, counties, states, etc.)	34	for small and medium-sized but	sinesses in southern California and			
California - Baja 13. Proposed Project:	, Mexico region	Baja, Mexico regions.				
Start Date	End Date	14 Communication District				
10/1/2004	6/30/2006	14. Congressional District of: Applicant: Pro	•			
	0.50.2000	1 - ·	oject: lifornia - All			
15. ESTIMATED FUNDING:		16. Is the application subject to	review by the State			
		Executive Order (EO) 12372 pr	ocess?			
a. Federal	\$40,000		lication/preapplication was made			
b. Applicant	\$0		tate EO 12372 process for			
c. State	\$50,298	review on:	*			
d. Local	\$0	Dat	e: September 16, 2004			
e. State "In-Kind" Assistance	\$34,292	b. NO: Program is	s not covered by EO # 12372			
f. Program Income	\$0	3	nas not been selected by the			
g. TOTAL	Ø104 CD0	state for re				
3. TOTAL	\$124,590	17. Is the applicant delinquent				
		YES, attach explanation	X NO			
8. TO THE BEST OF MY KN	NOWLEDGE AND BELIEF, ALL DA	TA IN THIS APPLICATION/P	PEADDI ICATION ADD			
IRUE AND CORRECT, THE	DOCUMENT HAS BEEN DULY AU	JTHORIZED BY THE GOVERN	VING BOARD OF THE			
APPLICANT, AND THE APPI	LICANT WILL COMPLY WITH THE	E ATTACHED ASSURANCES	IF THE ASSISTANCE			
S AWARDED.						
. Typed Name of Authorized I	Representative	b. Title:	c. Telephone Number			
Celeste Cantú		Executive Directo				
1 6:						
 Signature of Authorized Rep 	resentative		e. Date Signed:			
revious Editions Not Usable	ATITUODIZED EOD LOC					

APPLICATION FOR FEDERAL ASSISTANCE	Ē	2. DATE SUBMITTED		Applicant Identi	fier	Version 7/
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE	State Applicatio	n idenlifier	
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction	LL	•			
Legal Name:	<u> </u>		Organizațional Unit:	-		
River Partners			Department:		· · · · · · · · · · · · · · · · · · ·	
Organizational DUNS: 07-869-0836		Mad be	Division:			
Address:	TO PA	E W B	Name and telephone	number of pers	on to he contacted	on matters
Street: 580 Vallombros: Ave		L U U 23	involving this applic Prefix;	ation (give area First Name:	code)	
City: Chica	SE	P 16 2004	Middle Name	Daniel	1447	
County; Butte	7		Last Name Efseaff			
State: CA	Zip Code 95926	VENDING HOUS	Suffix:	1,4 pt.	1'damana -	
Country:	10/41/2	The Alexander of the HAC	Email:	***	***************************************	
6. EMPLOYER IDENTIFICATION	DI BRIDEP CETA	and the sub-statement of the s	defseaff@riverpartner			
	•		Phone Number (give a	rea code) F	ax Number (give area	code)
94-3302335 8. TYPE OF APPLICATION:	<u> </u>		530.894.5401 X21	1	30.894.2970	
	· · · · · · · · · · · · · · · · · · ·	-	7. TYPE OF APPLICA	NT: (See back o	of form for Application	າ Types)
If Revision, enter appropriate let (See back of form for description	er(s) in hay(es)	on Révision	Non-Profit 501c(3) cor Other (specify)	poration		
Other (specify)			9. NAME OF FEDERA	ACENCY.		
			NOAA - National Oce	anic and Atmosph		
10. CATALOG DF FEDERAL I	Domestic Assistan	CE NUMBER:	11. DESCRIPTIVE TO			
OTTO E SMALL Lands as a second		11-463	DelRio Wildland Prese West Fields)	erve Riparlan Hab	itat Restoration (Mid	dle and
TITLE (Name of Program): Habitat Conservation			Wear (Icida)			
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.);				
Glenn, CA						
13, PROPOSED PROJECT			14. CONGRESSIONA	DISTRICTS OF	7	
Start Date: 01/01/2005	Ending Date: 3/31/2007		a. Applicant District 2		Project strict 6	
15. ESTIMATED FUNDING:			16, IS APPLICATION ORDER 12372 PROCE	SUBJECT TO RE		XECUTIVE
a. Federal \$		236,000 '	THIS PRE	APPLICATION/AF	PPLICATION WAS N	MADE
b. Applicant \$		13,050	PROCESS	FOR REVIEW O	E EXECUTIVE ORD	ER 123/2
c. State \$ WCB Grant Application		250,000	DATE:			
d. Local \$		·	b. No. 7 PROGRAM	I IS NOT COVER	ED BY E. O. 12372	
e. Other 5 NRCS Grant Application 5		211,000	OR PROG	RAM HAS NOT B	EEN BELECTED BY	STATE
f. Program Income \$,00	17, IS THE APPLICAN	T DELINQUENT	ON ANY FEDERAL	DEBT?
g. TOTAL \$		740.050	☐ Yes If "Yes" attach :		•	
18. TO THE BEST OF MY KNOT	WLEDGE AND BELIEF	710.050	DI ICATION/DDEADNIC	ATION ADD TO	☑ No	774 1277
COMMENT INC. DEFIN DOLL	へいしけいたにとごひ あり しけた	GUVERNING SCIDY DE	THE APPLICANT AND T	HE APPLICANT	E AND CORRECT. WILL COMPLY WIT	THE THE
ATTACHED ASS JRANCES IF T a. Authorized Representative	HE ASSISTANCE IS A	WARDED,				
Prefix	First Name John		Middle N	lame		
ast Name Carlon		***	Suffix	•	1 Mar-1	
. Title President			c. Telepi	one Number (give	e area : ode)	
. Signature of Authorized Repres	soutative		530.894 e. Date 9	.5401 X 24 Signed 4	= 1/2 2/	
revious Edition L sable						leve o deces
withorized for Local Reproduction	_	Post-it® Fax Not	e 7671 ^{Date}	il c pag	of pes •	lev.9-2003) cular A-102
			Erom		El	
	•	- Jane	Co.	A)- F Page	71	
		Co./Dept.		at son con		
	•	Phone #		e# £30 894		
		Fax# 916 32	3-3018 FEX#	530 89	4 - 14 70	

FEDERAL ASSISTANCE	2. DATE SUBMITTED	alietul	Applicant lo	Version 7
1. TYPE OF SUBMISSION:	3. DATE RECEIVED E	1/12/07		051 274 694
Application Pre-application				pation Identifier
☐ Construction ☐ Construction	·• }	Y FEDERAL AGENCY	Federal Ide	ntifier
Non-Construction Non-Constru-	ction	71. 11.		- Alamana - Alam
Legal Name:	V	Organizational Uni	t:	
SAVE SAN FRANCISCO BAY A	SSOCIATION	Department: EDV	CATION	RESTORATION
Organizational DUNS: 051 274 694		Division:		24.C-> >
Address:		Name and telephor	WITH- I	SASED RESTORATION person to be contacted on matter
Street: 350 FRANK H. OGAWA PLAS	ZA SUITE GAN	involving this appli	cation (give a	rea code)
City: OAKLAND	E4, 500176 - 700	MR. Middle Name	First Name:	JASON
Country	· · · · · · · · · · · · · · · · · · ·	Last Name	ERY	
_ ALAMEUA		Suffix:	2215	1
CA 25 0000 944	1 (1			
Country: U.S.A.	BUVE		psavesfb	• •
6. EMPLOYER IDENTIFICATION NUMBER (EIN).	The second secon	Phone Number (give		
94-6078420	P 16 2004			(510) 452-9266
8. TYPE OF APPLICATION:		7. TYPE OF APPLIC	ANT: (See ba	ck of form for Application Types)
Revision, enter appropriate letter(s) in box(es)	uation Revision	0- NOT FOR	PROFIT OF	REANIZATION
See back of form for description of letters.)	TEARLE HOUSE	Other (specify)	•	
Other (specify)	and the description of procedure is appropriate to the form of the control of the	9. NAME OF FEDER		SPHERIC ADMINISTRATION
10. CATALOG OF FEDERAL DOMESTIC ASSIST	TANCE NUMBER:	11. DESCRIPTIVE T	TLE OF APPI	CANT'S PROJECT
	11-463	COLLABORATI	VE COMA	NIN THE
TITLE (Name of Program); COLLABORATIVE COMMUNITY-RASSID, HA		HABITAT RE	STOKATIV	NIN THE
COLLABORATIVE COMMUNITY-BASED HA 12. AREAS AFFECTED BY PROJECT (Cities, Col	inties, States, etc.):	SAN FRANCI	SCO BAY	MKEM
NINE-COUNTY SAN FRANCISCO	BAX AREA			
13. PROPOSED PROJECT		14. CONGRESSION	L DISTRICTS	
MAY 1, 2005 MAY 1.	2004	a. Applicant U.S. DIST	9	b. Project V.S. DISTRICTS 6-16
15. ESTIMATED FUNDING:		16. IS APPLICATION	SUBJECT TO	REVIEW BY STATE EXECUTIVE
3. Federal \$	200 000 .00	ORDER 12372 PROC	APPLICATION	VAPPLICATION WAS MADE
D. Applicant \$	200,000	AVAILABI	E TO THE ST	ATE EXECUTIVE ORDER 12372
c, State \$			1/15/04	VQIN
L Local S	50,000.00			
	25,000 .00	b. No. PROGRA	M IS NOT COV	'ERED BY E. O. 12372
o. Other \$	25 000 .00	☐ OR PROG FOR REV	RAM HAS NO	T BEEN SELECTED BY STATE
Program Income \$.00	17. IS THE APPLICAN	IT DELINQUE	NT ON ANY FEDERAL DEBT?
TOTAL 5	100,000.00	☐ Yes If "Yes" attach	an explanation	. 🛭 No
8. TO THE BEST OF MY KNOWLEDGE AND BEL	IEF, ALL DATA IN THIS APP	LICATION/PREAPPLIC	ATION ARE THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
DCUMENT HAS BEEN DULY AUTHORIZED BY T	C AWADDED			
TTACHED ASSURANCES IF THE ASSISTANCE I Authorized Representative	S AWARDED.			
TTACHED ASSURANCES IF THE ASSISTANCE I Authorized Representative	S AWARDED.	Middle	Name Aver	2.√
TTACHED ASSURANCES IF THE ASSISTANCE I Authorized Representative refix MR First Name JAS ast Name	SON	Middle I	Name AVEA	24
Title	S AWARDED.	Suffix c. Telep	AVEA	
TTACHED ASSURANCES IF THE ASSISTANCE I Authorized Representative refix MR ast Name MORRIS	S AWARDED.	Suffix c. Telep	AVEA	

4 DR. 10 4 TION FOR	*			SEP 1 6 2004 OMB Approval No. 0348-
APPLICATION FOR FEDERAL ASSISTA		2, DATE SUBMITTED		Applicant Identifier
PEDERAL ASSISTA			er 15, 2004	
. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier
Application Construction Non-Construction	Preapplication Genetruction Non-Construction	4. DATE RECEIVED B	y federal agency 1 6 2004	Federal Identifier
S. APPLICANT INFORMATION	The That are a second		10 2004	
egal Name:	Λ		Organizational Unit:	
Central Coast YMC	10°, 20°, 20°, 20°, 20°, 20°, 20°, 20°, 2		Name and telephone	number of person to be contacted on matters invo
371 Main Street, Sa	• • • • •	County, CA 93901	this application (give	·
EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		7, TYPE OF APPLIC	ANT: (enter appropriate letter in box)
77-0202	2 3 3 5		A, State	H. Independent School Dist.
TYPE OF APPLICATION:	THEORIN PHARMACON STATE OF THE		B. County	I. State Controlled Institution of Higher Learning
☑ Ne	w [] Continuation	Revision	C. Municipal	J. Private University
F Revision, enter appropriate le	\$ ***		D. Township E. Interstate	K. Indlan Tribe L. Individual
	Part of the second		F. Intermunicipal	M. Profit Organization
	11 59 1	ase Duration	G. Special District	N. Other (Specify) Non-Profit
D. Decrease Duration Other	(specify):		9. NAME OF FEDER	AL AGENCY:
			1.	· · · · · · · · · · · · · · · · · · ·
	2. Manual Smith		NAMA KN	ral Development
WATSONVILLES B. PROPOSED PROJECT	14. CONGRESSIONAL	oraty, CA		tion therevation of to address the needs touville Community
ant Date Ending Date	a. Applicant		b. Project	
S. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE
. Federal	TES-CO	E 7 7 00	ORDER 12372 PI	ROCESS?
	EEG L		_ \ /	APPLICATION/APPLICATION WAS MADE
. Applicant	\$ 3	08		E TO THE STATE EXECUTIVE ORDER 12372 S FOR REVIEW ON;
State	SEP -	W Po	PROCESS	alu loc
	THOUSE AND A		DATE	7/10/04
Local	\$ 0.000	RIGIOSISE	h No TI DROGE	AM IS NOT COVERED BY E. O. 12972
Other	S less lands are the	CH WIND		GRAM HAS NOT BEEN SELECTED BY STATE
Program Income	\$,00	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
TOTAL	\$	0	-	attach an explanation.
				TION ARE TRUE AND CORRECT, THE
OCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF			IE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE
Type Name of Authorized Re		b. Title		c. Telephone Number
Sharon Gish		President/CEO		(831) 757-4633
Signature of Authorized Repr	ese matty g	earling.	A/	e. Date Signed 9/15/2004
revious Edition Usable uthorized for Local Reproduction	SEP 16 2004			Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102
STAT	E CLEARING HO	DUSE		

P.03

The Watsonville Family YMCA's new and remodeled facility will include the addition of four new youth, family and adult locker areas, a new child watch area, a new lobby/social area, a new spa on the pool deck and a new pool observation area, the renovation of our youth and teen program area and the renovation of the wellness center.

Upon completion of the capital development program, more youth and families will be involved in character building programs in the community.

As of September 2004